



RCN Foundation Mair Bursary Scheme 2018 Application Form

Important: Before completing this application form, you must read the Information and Eligibility document available on our website www.rcnfoundation.org.uk

Please ensure that you complete all relevant sections in full. We are unable to process your application if details are missing. Please note:

- **Applications must be typed and sent electronically as a pdf.**
- **Please ensure that you spell out in full any abbreviations used.**

Section 1: Your details

Surname:	First Name:	Title:
Home Address:		
Contact telephone:		
Contact email:		
NMC Pin Number (if applicable):		
Are you a member of the RCN? YES NO		
(Please note that you do not have to be a member to apply for a bursary)		
Are you a tax resident of any country outside of the UK? YES NO		
Job Title (current employment):	Start date (month and year):	Band/Grade:
Name and Address of Employer:		
Brief description of present role:		

Previous Posts: (Please list your most recent employment)			
Employer Name and Address	Job Title	Band/ Grade	Dates

SECTION 2: Details of educational activity for which funding is sought

Please note: Only one activity can be applied for per application form

Please note: the activity must take place between 1 September 2018 to 1 September 2019

Title of the proposed course for which you are seeking funding (25 words max)	
Brief summary of the course and professional outcomes (100 words max)	
Start date (month and year):	End date (month and year):

Please state here the name and address of the course provider:		
Have you been awarded a place?	YES	NO
Is this course/module a component of a longer course?	YES	NO
If YES, please state		
(a) the name of the longer course:		
(b) where this component is in the timetable (e.g. 1st year of 3):		
(c) how the rest has been/will be funded:		

SECTION 3: Details of costs of proposed activity

Have you sought funding from your employer?	YES	NO
If NO, please give the reason here:		

Please provide a budget breakdown

Item (please choose from below options)	Amount you are asking us to fund
Course fees	
Staff replacement costs	
Travel	
Other (if other please state)	
Total	

Have you previously received a bursary or scholarship from the RCN or RCN Foundation?
YES NO

If yes, please state
Amount:

Date (year):

Which bursary/scholarship you received:

SECTION 4: Courses and Qualifications

Please list relevant courses taken starting with the most recent:

Title of course:	From: Month and year	To: Month and year	Name and Address of Institution	Result

Please list relevant courses not yet completed:

Title of course:	From: Month and year	To: Month and year	Name and Address of Institutions

SECTION 5: Statement by applicant in support of request for funds

Please provide responses to the six questions below.

(Please answer each question in turn against its respective number. Maximum of 1,500 words in total for this section please)

1. What are your professional goals and how will the activity contribute to your career development?

2. How will the activity improve the health and well-being of patients and/or carers?

3. How will you share your learning and development with colleagues or other nursing teams?

4. How have you demonstrated your commitment to self-development so far in your career?

5. What challenges do you foresee in completing this activity and how do you plan to address them (for example time constraints, work-place support, financial)?

6. How will you evaluate the effectiveness of your learning and development?

SECTION 6: Supporting References

6a. Reference from your Manager (Please ask your Manager, or if you are not working, are self employed or are seeking funding for a career change, an alternative appropriate professional referee such as a past tutor, to complete and sign this section).

Please type the reference

Please comment on how the proposed study would fit in with the applicant's role and professional development and how this activity and its implementation will be supported, e.g. with mentoring or opportunities to influence practice.

Manager's Name:

Job Title:

Email address:

Telephone number:

6b. For study at Post-Graduate level and above, please attach a formal academic reference letter and complete the section below.

Academic Referee's Name:

Position:

Address:

Email address:

Telephone number:

SECTION 7: Data Protection and Privacy Notice

Once you are satisfied that the information presented above is accurate, please read the following information about data protection to ensure that you agree to these terms.

- The information on this form will be used to assess your application for a grant. The RCN Foundation need to keep your data on computer files for this purpose.
- We may also use the information for accounting, audit, statistical or research purposes.
- In submitting this application you are giving consent to the information provided being shared with external third party advisors affiliated to the RCN Foundation for the purposes of processing your application.
- We will not disclose any of your information outside of the RCN Foundation, unless we are legally obliged to do so or unless you have given us your prior consent.
- We will undertake to keep your information strictly confidential and do everything we can to prevent the information being used in any unauthorised or unlawful way.
- Our current policy is to retain personal data for a period of 6 years from when a decision on your application is made, after which it will be destroyed.
- You have the right to request information about the details we hold about you and we will provide this data as legally required.
- We will need your signature in order to process your application.

Authorisation

By submitting this application you are giving your consent to these terms, you give permission for the RCN Foundation to use your data as outlined above.

You have the right to withdraw your consent to the above at any time.

Print name:

SECTION 8: Contact preferences

Please read and confirm the following:

I would like to receive RCN Foundation news:	By email By letter None
I am happy to take part in ad hoc surveys on grants for the Foundation:	By email By letter None

Please note the answers to the above questions will not affect your application in any way. You have the right to withdraw your consent to the above at any time.

Print name:

SECTION 9: Application Agreement

I confirm that the information provided in this application is complete and accurate and that there is no other information relevant to this application which has not been disclosed.
Print name:
Date:

Submit one copy of your entire application by email to grants@rcnfoundation.org.uk no later than **5pm on 31 May 2018**.

SECTION 10: Equal Opportunities

Completion of this section is helpful to ensure that we are aware of the communities applying for this scheme and assists in the implementation of equal opportunities. This information will not form any part of the selection process and will be treated with total confidentiality.

(Please tick the appropriate boxes).

a. Your Ethnic Group

Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background

If other please state:

Black or Black British

Caribbean

African

Any other Black background

If other please state:

Chinese

Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background

If other please state:

White

British

Irish

Any other White background

If other please state:

Any other ethnic group

If other please state:

b. Your Gender

Female

Male

Non-binary

c. Sexual Orientation

Bisexual

Gay

Heterosexual

Lesbian

Other

d. Do you have a disability?

Yes

No

e. Your Age

<20

20-29

30-39

40-49

50-59

60-69

70+

f. Where you currently live

England

Northern Ireland

Scotland

Wales

Other